ARIZONA DEPARTMENT OF WATER RESOURCES

Water Management Division 3550 North Central Ave, 2nd Floor Phoenix, Arizona 85012-2105 Phone (602) 771-8585 Fax (602) 771-8689

APPLICATION FOR WATER **STORAGE PERMIT (A.R.S § 45-831.01)** FOR OFFICE USE ONLY APPLICATION FEE \$ 250.00 DUE UPON FILING. Application No.: PERMIT FEE OF \$ 100.00, PLUS Date Received: PUBLICATION FEES TO BE DETERMINED, WILL BE DUE PRIOR TO ISSUANCE OF PERMIT. PLEASE SUBMIT ONE ORIGINAL AND ONE COPY OF THE COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS APPLICATION FOR: (Check one) **○ New Water Storage Permit ○ Modification of Water Storage Permit c** Renewal of Water Storage Permit No. 73-_ GENERAL INFORMATION 1. Name of Applicant: State Mailing Address City Zip Telephone: Fax: Contact Person: 2. Name and permit number of storage facility where water storage will occur: 3. Name of Active Management Area or Irrigation Non-Expansion Area where the facility will be located: (If the facility is NOT located within an AMA or INA, please indicate "NONE.") 4. Name of groundwater basin and subbasin where the facility will be located: 5. If this water storage permit application is for the storage of CAP water and meets the requirements of A.R.S. §§ 45-831.01(G) or 45-871.01(E) and the applicant will **not** also be the holder of the storage facility permit, please submit a consent agreement signed by the facility permit holder. 6. The maximum annual amount of water that may be stored at the facility: (acre-feet per year) 7. The maximum annual amount of water proposed for storage pursuant to this water storage permit: (acre-feet per year) Proposed duration of the permit: The maximum amount of water proposed for storage for the duration of the permit pursuant to this water storage permit:

(acre-feet)

10.	Will the stored water be recovered on an annual basis pursuant to A.R.S. § 45-851.01? ⊂ Yes ⊂ No			
11.	Type of source water to be stored:			
	C CAP Water C Effluent C Decreed and Appropriative Surface Water			
	If Decreed and Appropriative Surface Water, list river(s):			
	[NOTE: In order for the storer to accrue long-term storage credits for the stored water, the source water must			
	comply with A.R.S. § 45-802.01(21), "Water that cannot reasonably be used directly".]			
12.	If the water to be stored is appurtenant to a place of use, the legal description of the location of that use:			
	(quarter/quarter/section, township and range)			
13.	What is the applicant's legal right to use the proposed source(s) of water?			
	c CAP Contract c Right to municipally treated effluent c Decreed and appropriative surface water right			
	City the internal and the control of			
	Cite the right number, law, court decree, contract or other legal basis for acquiring and using each source of water to be stored pursuant to this permit:			
14.	If municipally treated effluent will be stored and the applicant is the producer of the effluent, does the applicant certify that after meeting all contractual obligations for delivery of effluent to other parties, the applicant retains the legal right to the volume of effluent requested in item 7 of this application? C Yes C No Do you own the system through which the water to be stored will be delivered to the storage/savings facility? C Yes C No If no, please provide a copy of the transportation agreement that allows the proposed water			
	delivery system to be used to carry the water to be stored to the storage/savings facility.			
15.	Do you want this water storage permit to be designated as storing non-recoverable water pursuant to A.R.S. § 45-833.01? C Yes C No			
16.	For effluent storage:			
	Is the facility where storage is to occur currently regulated under an Aquifer Protection Permit (APP) issued by the Arizona			
	Department of Environmental Quality? C Yes C No			
	If no, will the applicant be obtaining an APP? C Yes C No			

NOTARIZED SIGNATURE					
I (We), under the penalty of perjury, that the informa and belief true, correct and complete.	, the appl tion contained and statements	icant(s) named in this applic made herein are to the best	cation, do hereby certify of my (our) knowledge		
Telephone	Signature of owner or authorized agent				
	Title				
Mailing Address	City	State	Zip		
STATE OF ARIZONA)) ss.				
County of)				
Subscribed and sworn to before me this	day of	, 20			
Notary Public					
My commission expires					